

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

09/913686

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | / | | / | | | |
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| 18 | | 1 | | | | |
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| 37 | | 9 | | | | |
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| 48 | | 20 | | | | |
| 49 | | 21 | | | | |
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| TOTAL IND. | | 4 | | | | |
| TOTAL DEP. | | 27 | | | | |
| TOTAL CLAIMS | | 31 | | | | |

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| 100 | | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY